
Form 4: Substance/Medication Screen Record

Probationer/Parolee

Name: _____ Social Security #: _____

HT: _____ WT: _____ Sex: _____ Age: _____ DOC #: _____

Is the juvenile offender taking any of the following medications or prescriptions? If yes, please list time and amount of last dosage.

	Time/Amount
_____ Allergy medication (Primatine, etc.)	_____
_____ Antibiotics	_____
_____ Over-the-counter stimulants	_____
_____ Blood pressure medicine	_____
_____ Cortisone/steroids	_____
_____ Arthritis medication (Advil, Nalfon, etc.)	_____
_____ Water pills (diuretics)	_____
_____ Heart medicine	_____
_____ Sleeping pills/sedatives	_____
_____ Food containing poppy seeds (w/in 24 hrs)	_____
_____ Tranquilizers/antidepressants	_____
_____ Appetite suppressant	_____
_____ Decongestants/nasal spray	_____
_____ Cold medication	_____
Any other drugs or medication? If yes, please list	_____

Signature of Juvenile

_____ Date

_____ Witness

_____ Date

_____ Name of Physician(s)

_____ Date

Source: American Probation and Parole Association